

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24317

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 4219 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weaubleau		c. CITY OR TOWN Weaubleau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary Jane Goodenough		4. DATE OF DEATH 8 6 1957	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/15/1900
9. AGE (In years last birthday) 56		10. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) Cedar Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Walter Kenney		14. MOTHER'S MAIDEN NAME Ollie Harper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --	
17. INFORMANT James Goodenough, Weaubleau, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Malacia DUE TO (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH Months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 1957 to August 6 1957 and last saw her alive on Aug 6 1957 Death occurred at 11:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. R. Easton (Degree or title) M.D.		22b. ADDRESS Weaubleau Mo	
22c. DATE SIGNED Aug 7 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/9/1957	
23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		23d. LOCATION (City, town, or county) Humansville, Mo.	
24. FUNERAL DIRECTOR Beckwith Funeral Home, Humansville		25. DATE RECD. BY LOCAL REG. 8-8-57	
26. REGISTRAR'S SIGNATURE May Johnson			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 11 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *O. H. Beckwith*

Licensed Embalmer No. *39*

P. O. Address *Humans*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.